

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Medical Review Division regarding a medical fee dispute between the requestor and the respondent named above.

### **I. DISPUTE**

1. a. Whether there should be reimbursement for dates of service 07/20/01 and 07/24/01.
- b. The request was received on 07/03/02.

### **II. EXHIBITS**

1. Requestor, Exhibit I:
  - a. TWCC 60
  - b. HCFAs-1500
  - c. EOBs
  - d. Medical Records
  - e. Any additional documentation submitted was considered, but has not been summarized because the documentation would not have affected the decision outcome.
2. Respondent, Exhibit II: No Response
3. Based on Commission Rule 133.307 (g) (4), the Division notified the insurance carrier Austin Representative of their copy of the requestor's 14 day additional information on 08/26/02. The insurance carrier did not submit a response to the additional information. The carrier was notified by mail that the request for medical dispute resolution was filed on 07/25/02. The case file does not contain a three day response from the carrier. The "No Information Found In Case File" sheet is reflected in Exhibit II of the Commission's Case File.
4. Notice of "A letter Requesting Additional Information" is reflected as Exhibit III of the Commission's case file.

### **III. PARTIES' POSITIONS**

1. Requestor: No position statement
2. Respondent: No Response

### **IV. FINDINGS**

1. Based on Commission Rule 133.307(d) (1) (2), the only dates of service eligible for review are 07/20/01 and 07/24/01.

2. Per the provider's TWCC-60, the amount billed is \$1,451.00; the amount paid is \$0.00; the amount in dispute is \$1,315.
3. The carrier's denial exception codes for dates of service include, "\*00850 – TAL TO A PROCEDURE PERFORMED ON THE SAME DATE OF SERVICE; \*00850 DELINES."
4. The following table identifies the disputed services and Medical Review Division's rationale:

The above Findings and Decision are hereby issued this 9<sup>th</sup> day of December 2002.

DMM/dmm